

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 City of (No. St.: Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Not Named

File No.—For State Registrar Only

36871

Registration District No. 1.00 Registered No. 7.9
 (For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 5 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Campbell
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. N.Y.D.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)
 (12) BIRTHPLACE Abbeville S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Wheeler
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE Abbeville S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dora Watt(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness J. E. Pressly

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date Nov 10 1922 (28) J. E. Pressly Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.